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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



Operator SOUTHERN UNION PRODUCTION COMPANY	
Address P. O. Box 808, FARMINGTON, NEW MEXICO 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name PAYNE	Well No. 4	Pool Name, including Formation BLANCO MESAVERDE	Kind of Lease State, Federal or Fee FEDERAL	Lease No. SF 080517
Location				
Unit Letter H	1542	Feet From The NORTH Line and 1190	Feet From The EAST	
22	32 N	10 W	SAN JUAN	County
Line of Section	Township	Range	NMPM,	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> NEW MEXICO TANKERS, INC. - 10% PLATEAU, INC. - 90%	Address (Give address to which approved copy of this form is to be sent) FARMINGTON, NEW MEXICO 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SOUTHERN UNION GATHERING COMPANY	Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER DALLAS, TEXAS 75201 ATTN: ROBERT McGRARY	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 22
	Twp. 32 N	Rge. 10 W
	Is gas actually connected? YES	
	When JULY, 1954	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date Spudded 10/9/69	Date Compl. Ready to Prod. 10/22/69	Total Depth 5750 FT. R.K.B.	P.B.T.D. 5716 FT. R.K.B.					
Elevations (DF, RKB, RT, GR, etc.) 6186 FT. R.K.B.	Name of Producing Formation MESAVERDE	Top Oil/Gas Pay 4872 FT. R.K.B.	Tubing Depth 5350 FT. R.K.B.					
Perforations 4872 FT. - 5384 FT.		Depth Casing Shoe 5750 FT. R.K.B.						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	10-3/4"	232 FT.	150 SACKS					
8-3/4"	7-5/8"	4907 FT.	250 SACKS					
6-1/4"	4-1/2"	5750 FT.	445 SACKS					
	2-3/8" E.U.E.	5350 FT.						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2392	Length of Test 3 HOURS	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 765 (7 DAYS)	Casing Pressure (shut-in) 759 (7 DAYS)	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original signed by
GILBERT D. NOLAND, JR.

Original signed by
[Signature]

GILBERT D. NOLAND, JR. (Signature)
DRILLING SUPERINTENDENT (Title)

NOVEMBER 14, 1969 (Date)

(Date)

OIL CONSERVATION COMMISSION
DEC 4 1969

APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**

TITLE **SUPERVISOR DIST. #3**

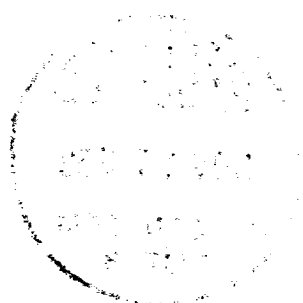
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



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